

REQUEST FOR CITATION DISMISSAL

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE # _____

CITATION # _____

CITATION ISSUE DATE: _____

REASON FOR REQUESTING DISMISSAL:

APPEALS PROCESS

The parking program has set up an administrative appeal process for individuals who believe their parking citation was issued in error.

Mail this form and a photocopy of the citation to:

Park Wilmington
11 N. 2nd Street
P.O. Box 1655
Wilmington, NC 28401

NOT reasons for appeal:

- Lack of knowledge of the City's parking regulations.
- Appointment conflicts or tardiness going or returning from appointments.
- Inability to find a legal parking space.
- Failure to have appropriate or sufficient amount of coins.



11 N. 2nd Street, P.O. Box 1655 (910) 762-5678 Fax (910) 254-2044